

| POSITION          | INITIALS | ID NO. | DATE     |
|-------------------|----------|--------|----------|
| FEE DETERMINATION |          |        |          |
| I.P.E. CLASSIFIER |          | 6      | 11-17-90 |
| FORMALITY REVIEW  |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected  
 n ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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